



The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Certification of Drinking Water Operators  
www.state.ma.us/reg/boards/dw  
617-727-3939

**Provisional Certification Application--Fee \$23.00**

Instructions:

1. Read all instructions and questions before filling out this application.
2. Answer all questions on this form. If a question is not applicable, draw a line in the space or write NA. Incomplete applications will be returned.
3. Enclose a check or money order for the amount of \$15.00 payable to the Commonwealth of Massachusetts.
4. Send your complete application package to the address at the top of this page.

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**A: Provisional Certification Grade Information**

Note: Provisional certificates are valid for a period of six months from the date of approval by the Board. Provisional certification can be used only in specific instances where a water supplier has provided evidence satisfactory to the Board that the supplier is presently unable to obtain a certified operator. A provisional certificate can be issued only after a temporary emergency certification has expired. Issuance of the certificate does not relieve the water supplier from the responsibility of vigorously pursuing the goal of obtaining a fully certified operator of appropriate grade at the earliest possible opportunity.

Grade of provisional certificate applying for: (circle one)

- |                           |               |        |                      |    |
|---------------------------|---------------|--------|----------------------|----|
| 1. Distribution           | 1D            | 2D     | 3D                   | 4D |
| 2. Treatment              | 1T            | 2T     | 3T                   | 4T |
| 3. Very Small System:     | VSS           |        |                      |    |
| 4. Water vending machine: | VND-1D        | VND-2D | VND-1T               |    |
|                           | VND-2T        | VND-3T | VND-4T               |    |
| 5. Status                 | Full Operator |        | Operator in Training |    |

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**B: Staffing Requirement Information**

1. Why is provisional certification necessary for your public water system?  
\_\_\_\_\_  
\_\_\_\_\_
2. Does your public water system plan to hire an operator on a contract basis? Yes No
3. Do you plan to become a certified operator? Yes No
4. Does your public water system plan to assist a current operator of your system to meet certification requirements? Yes No
5. If you answered yes to #3 and #4, please answer the following:
  - a. Grade of examination: VSS (very small system); VND (vending machine)  
Distribution 1D 2D 3D 4D; Treatment 1T 2T 3T 4T
  - b. Date on which examination will be taken: \_\_\_\_\_
  - c. Is the operator enrolled in an examination preparation training course?  
Yes No. If yes, please list the name(s) of the course(s) and the sponsoring organization(s): \_\_\_\_\_  
\_\_\_\_\_
6. Under what capacity would this operator function?  
Primary Operator Secondary Operator

## D. EXPERIENCE

In the following spaces, please furnish information about the operator designated to operate the system under the provisional certification.

### I. Position:

\_\_\_\_\_

Title

\_\_\_\_\_

Date (when did this position begin?)

\_\_\_\_\_

Employer's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/Town

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Supervisor's Name

\_\_\_\_\_

Title

\_\_\_\_\_

Supervisor's Phone Number

## II. Public Water Supply Information

What is the Public Water System Name? \_\_\_\_\_

What is the Public Water System ID number? \_\_\_\_\_

What is the classification of the Public Water System? (circle)

Distribution 1 2 3 4

Treatment 1 2 3 4

Very Small System

Please answer the following questions about the system:

a. How long has this person worked as an operator of this system

\_\_\_\_\_YRS \_\_\_\_\_MOS

b. Percent of time working in distribution \_\_\_\_\_%

c. Percent of time working in treatment \_\_\_\_\_%

## III. List duties and responsibilities:

Distribution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_